
Supplementary Material

- 1. Detailed information of clinical centers and cases enrolled in this study.**
- 2. Case Report Form**

1. Detailed information of clinical centers and cases enrolled in this study.

Medical centers	Numbers of cases
First Affiliated Hospital, Zhejiang University, Hangzhou	12
Wenzhou Central Hospital, Wenzhou Medical University, Wenzhou	11
Enze Medical Center(Group) Enze Hospital, Taizhou	16
First People's Hospital of Wenling, Wenling	12
Affiliated Zhoushan Hospital, Wenzhou Medical University, Zhoushan	5
Affiliated Yinzhou Hospital, Ningbo University, Ningbo	4
TaiZhou Hospital, Taizhou,	2

2. Standard case-report form.

No. _____

Case Report Form

Time of Admission: __ __/__ __/__ __

Name: _____

Gender: ☐ male ☐ female

Age: _____

Telephone: _____

Address: _____

General Information

Hospital name: _____

Patient name (Initial): _____

Age: _____

Gender: _____

Previous Medical History: _____

Pregnancy or not: ☐Yes ☐No

Family cluster or not: ☐Yes ☐No

Exposure time: _____

Symptom onset time: _____

Admission time: _____

Diagnostic time: _____

Doctor name: _____

Phone number of doctor: _____

AT ADMISSION

☐ Vital signs

Temperature: _____ °C BP: _____ mmHg R: _____ /min Pulse: _____ /min

☐

Symptoms

Chief complaint: _____

Fever ☐ Yes ☐ No

Cough ☐ Yes ☐ No

Myalgia or fatigue ☐ Yes ☐ No

Expectoration ☐ Yes ☐ No

Hemoptysis ☐ Yes ☐ No

Headache ☐ Yes ☐ No

Diarrhea ☐ Yes ☐ No

Dyspnea ☐ Yes ☐ No

Shock ☐ Yes ☐ No

ARDS ☐ Yes ☐ No

Other complications: _____

Laboratory measurements

a) Blood routine:

White blood cell count (WBC): _____ *10⁹/L

Neutrophil granulocyte count: _____ *10⁹/L

Lymphocyte count: _____ *10⁹/L

Hemoglobin concentration (HGB): _____g/L

Hematocrit (HCT): _____%

Platelet count (PLT): _____ *10⁹/L

b) Analysis of liver function, renal function, blood glucose, electrolytes, and blood vigor:

Alanine aminotransferase (ALT): _____U/L

Aspartate transaminase (AST): _____U/L

Total bilirubin (TB): _____umol/L

Albumin (ALB): _____g/L

Creatine kinase: _____U/L

Lactate dehydrogenase: _____U/L

Serum creatinine (Cr): _____mg/dl

Serum sodium (Na⁺): _____ mmol/L

Serum potassium (K⁺): _____ mmol/L

PH: _____

PCO₂: _____KPa

PO₂: _____KPa

Blood lactic acid: _____mmol/L

Fasting blood-glucose (GLU): _____mmol/L

C-reactive protein (CRP): _____mg/L

Procalcitonin: _____ng/mL

e) Coagulation:

D-dimer : _____mg/L

International normalized ratio (INR): _____

Imagological examination

a) Lung infection

1. Lung infection ☐Yes ☐No

2. Basis of the diagnosis:

CT: _____

Date __ __/__ __/__ __

3. Infected parts: _____

Treatment

1. Invasive ventilation or not? ☐ Yes ☐ No
2. Admission to ICU or not? ☐ Yes ☐ No
3. Supplementary oxygen therapy or not? ☐ Yes ☐ No. If yes, FiO₂: _____
Oxygenation index: _____

a) Antiviral drugs

1. Drug Name: _____
Starting date: _____
Dose: _____
Mode of administration: _____
Stopping date: _____
2. Drug Name: _____
Starting date: _____
Dose: _____
Mode of administration: _____
Stopping date: _____
3. Drug Name: _____
Starting date: _____
Dose: _____
Mode of administration: _____
Stopping date: _____
4. Drug Name: _____
Starting date: _____
Dose: _____

Mode of administration: _____

Stopping date: _____

B) Antibiotics

1. Drug Name: _____

Starting date: _____

Dose: _____

Mode of administration: _____

Stopping date: _____

2. Drug Name: _____

Starting date: _____

Dose: _____

Mode of administration: _____

Stopping date: _____

c) Steroids

1. Drug Name: _____

Starting date: _____

Dose: _____

Mode of administration: _____

Stopping date: _____

d) Others

1. Drug Name: _____

Starting date: _____

Dose: _____

Mode of administration: _____

Stopping date: _____

2. Drug Name: _____

Starting date: _____

Dose: _____

Mode of administration: _____

Stopping date: _____

Outcome: _____